

## NETHER LANGWITH NEIGHBOURHOOD PLAN PRE-SUBMISSION CONSULTATION COMMENTS FORM

First name	
Last name	
Job title (if applicable*)	
Organisation (if applicable*)	
Representing (if applicable*)	
Address	
Post Code	
Telephone	
Email	

*\*Please complete these sections if you are commenting on behalf of an organisation/company.*

### SECTION 2: Representation

Where possible, please indicate to which part of the draft Neighbourhood Plan each comment relates.

*Please provide your COMMENTS below and use an extra sheet if necessary.*

Plan Paragraph/Page number:	Your comments:

Policy Reference Number:	We would welcome your comments on the policies:

General comments about the plan:

Date:	
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